

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0438436

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90069 014 ***150.00

DOCUMENT # F16509

1. Corporation Name
CENTRAL ORTHOPEDICS, P.A.



Principal Place of Business
**222 E CENTRAL AVE.
P O BOX 7768
WINTER HAVEN FL 33883**

Mailing Address
**222 E CENTRAL AVE.
P O BOX 7768
WINTER HAVEN FL 33883**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1981	
21		26		4. FEI Number 59-2056995	Applied For. <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FISHER, MAURY L M.D. 222 E CENTRAL AVENUE WINTER HAVEN FL 33880				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PDTS <input type="checkbox"/> DELETE							1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	FISHER, MAURY L							1.2 NAME							
STREET ADDRESS	222 E CENTRAL AVE							1.3 STREET ADDRESS							
CITY-ST-ZIP	WINTER HAVEN FL							1.4 CITY-ST-ZIP							
TITLE	V <input type="checkbox"/> DELETE							2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	ZIEBELMAN, MICHAEL S M.D.							2.2 NAME							
STREET ADDRESS	222 E CENTRAL AVENUE							2.3 STREET ADDRESS							
CITY-ST-ZIP	WINTER HAVEN FL							2.4 CITY-ST-ZIP							
TITLE	<input type="checkbox"/> DELETE							3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY-ST-ZIP								3.4 CITY-ST-ZIP							
TITLE	<input type="checkbox"/> DELETE							4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE	<input type="checkbox"/> DELETE							5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE	<input type="checkbox"/> DELETE							6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								6.4 CITY-ST-ZIP							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)